

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90061 002 ****50.00

DOCUMENT # L95000000211

1. Entity Name
LOWBROK L.C.



Principal Place of Business
**4581 DAVENPORT LANE
LOT 1
PACE, FL 32571**

Mailing Address
**4581 DAVENPORT LANE
LOT 1
PACE, FL 32571**

401444



05142007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3302027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOWERY, ROBERT E
1950 PERCUDO LANE 1950 Peaches Lane
CANTONMENT, FL 32533

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOWERY, ROBERT E
1950 PEACHES LANE
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROXSON, DONNIE C
4450 TRICE RD
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
BROXSON, VIRGINIA D
4450 TRICE RD
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
LOWERY, LOUISE R
358 W 9 MILE RD
PENSACOLA, FL 32534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donnie C Broxson **DONNIE C. BROXSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 6-14-07 Daytime Phone # 850-994-7918